



Utah Interpreter Program

Application for Written and/or Performance Testing

Please Print!

Name	Last	First	M.I.	Date
Address		Apt. No.	New Address? Y N	
City	State	Zip Code		
()		()		
Phone (home)		Phone (cell / other) - circle one		

Date of Birth*	E-mail address (New? Y N)
Male Female	
(please circle)	

***PLEASE NOTE: This information is kept strictly confidential, and is used for testing identification only!**

UIP Testing

☐ **Written Exam** (Circle one) **FRIDAY** or **SATURDAY**
Please indicate WE testing date (Written Exam is offered every Friday; Saturday is available on testing weekend only)

☐ **Novice Level** ☐ **Intermediate Level ***
(Circle Testing Month)

Jan Feb Mar Apr May June July Aug Sept Oct Nov

* ☐ Friday - ASL portion & Saturday - Transliteration & Role Play
OR ☐ All components on same day

Other Testing

☐ **Cued Language Written Exam**
Testing Date _____
(Make check payable to Utah Interpreter Program)

☐ **Cued Language Performance**
(Make Performance check payable to TECHUnit)
Testing Date _____

Please read carefully!

Registration & Cancellation Policy**

- Application with proper payment must be received **three (3) weeks prior to testing date** (refer to testing schedule).
- No special consideration can be given for testing appointments. These appointments are scheduled by the type of test and time available, on a first-come, first-served basis. **Performance Testing appointments are limited.**
- **CANCELLATION FEES:** Canceling your scheduled test appointment will result in the assessment of the following penalty:
Canceling one (1) week prior to certification testing. 50% of testing fee
Canceling less than 72 hours prior to testing, or a "no show". 100% of testing fee

**** I have read and understand the Registration & Cancellation Policy, as outlined above. ****

APPLICANT INITIALS

Performance Test Paid

Written Exam Paid

**PLEASE COMPLETE
REVERSE SIDE**

Office Use Only

Office Use Only

Data

Reviewed

Approved for Testing

APPLICATION FOR INTERPRETER CERTIFICATION TESTING

1. With which sign systems are you fluent? (Check all that apply)
- ___ American Sign Language ___ Pidgin Signed English
___ Signed English ___ Signing Exact English
2. Education: highest grade completed 11 12 13 14 15 16 17
3. Are you an Interpreter Training Program graduate? Yes ___ Year _____ No ___
4. Location of ITP program _____
5. How did you learn to interpret/transliterate, other than an Interpreter Training Program?

6. How many years experience do you have as an interpreter? _____ (Attach resume if needed)
7. Do you hold a State Certification? Yes ___ No ___
State where certified _____ Which certificate? _____ Year _____
8. Do you hold RID, NAD, EIPA or other certification? (circle or indicate) _____
Year _____ Type/Score _____ None _____
9. Have you passed the State of Utah Written Exam? NO ___ YES ___ Date _____
10. Have you ever taken the UTAH Performance Test? NO ___ YES ___ Date _____
11. Have you ever been convicted of a felony? NO _____ YES _____ Date _____
12. Name the type of interpreting in which you have gained the majority of your experience:

13. References (*please include at least one Deaf*):
- | Name | Address | Telephone |
|-------|---------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

***All of the information included on this application is true and correct
to the best of my knowledge.***

Signature

Date

Make checks payable to:

Utah Interpreter Program

5709 South 1500 West / Taylorsville UT 84123-5217

801.263.4860 / 800.860.4860 (In Utah)

www.aslterps.utah.gov

August 2006